

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

40/521310
APPENDIX(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			X			
8			X			
9			/			
10			X			
11			/			
12			/			
13			/			
14			/			
15			X			
16			X			
17			X			
18			/			
19			/			
20			/			
21			/			
22			X			
23			X			
24			/			
25			X			
26			X			
27			X			
28			/			
29			X			
30			X			
31			/			
32			X			
33			X			
34			X			
35			X			
36			X			
37			X			
38			X			
39			X			
40			X			
41			X			
42			X			
43			X			
44			/			
45			X			
46			X			
47			X			
48			X			
49			X			
50			X			
TOTAL IND.			7			
TOTAL DEP.			13			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						